08848

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ohio, St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Ohio, St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Clifford William Andrews
4. DATE OF DEATH (Month) (Day) (Year) Sept. 21 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 4, 1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.
10b. KIND OF BUSINESS OR INDUSTRY Cemetery
11. BIRTHPLACE (State or foreign country) Harford to Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME M. Harley Andrews
14. MOTHER'S MAIDEN NAME Melinda Bair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. no
17. INFORMANT Mrs. Grace Andrews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound chest — None

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 21, 1949 6 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford County Bel Air Md DATE SIGNED 9/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 25, 1949
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.
DATE REC'D BY LOCAL REG. Sept. 24-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08849

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (Lutherville)
STREET ADDRESS (If rural, give location) Towson Avenue

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) (Last) Banks

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 15, 1949 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 1, 1887

9. AGE last birthday: 62 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Heck

14. MOTHER'S MAIDEN NAME: Katherine Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles Banks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 23 hrs.

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Cardio-vascular disease with hypertension

(c) Parkinson's Disease (Mild)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949, to Sept 15, 1949, that I last saw the deceased alive on Sept 14 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill Md 9/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 19, 1949 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-16-49 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08850

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
HOSPITAL OR INSTITUTION OR STREET ADDRESS Philadelphia Road	STREET ADDRESS (If rural, give location) Philadelphia Road

3. NAME OF DECEASED (Type or Print)	(First) Leland	(Middle)	(Last) Barney	4. DATE OF DEATH (Month) Sept. (Day) 15, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 2, 1887	9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabin Manager	10b. KIND OF BUSINESS OR INDUSTRY Lake side Inn	11. BIRTHPLACE (State or foreign country) Hammond, New York	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Peace time soldier	16. SOCIAL SECURITY NO. 339-03-2047	17. INFORMANT Mrs Jane Barney, Mt. Wilson Sanatorium		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — none

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS Bel Air, Md. DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner. Harford County Sept 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/19/49	NAME OF CEMETERY OR CREMATORY National Vil	LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REG. 9/19/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Wilhom Cook Inc	ADDRESS 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08851

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Forest Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL FOREST HILL
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GERALD (Middle) EVERRETT (Last) BILLINGS JR.
4. DATE OF DEATH (Month) Sept (Day) 4 (Year) 1949
5. SEX MALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10 FEB 1947
9. AGE last birthday 2 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME GERALD EVERETT BILLINGS
14. MOTHER'S MAIDEN NAME ANNIE TINNIE BILLINGS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT GERALD E. BILLINGS — FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3 Immediate cause (a) Malnourishment, - Failure to take food. — INTERVAL BETWEEN ONSET AND DEATH: FROM BIRTH

Antecedent cause(s)

157 m Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Congenital Anomalies - 1. Pseudohermaphrodite, — FROM BIRTH

(c) Polydactylism, Malocclusion.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/, 1947, to 6/1/, 1947, that I last saw the deceased alive on 6/1/, 1947, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE Robert Barthet (Degree or title) M.D. ADDRESS Forest Hill, Md. DATE SIGNED Sept. 4 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 5, 1949
NAME OF CEMETERY OR CREMATORY Baptist View
LOCATION (City, town, or county) Sharon Hill Co (State) Md

DATE REC'D BY LOCAL REG. 9/4/49
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR W H Archer
ADDRESS Benson Md

RECEIVED
SEP 9 1949
BUREAU V. S.

08852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

M

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T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural — Jarrettsville
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural — Nr. Jarrettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) RAY (Middle) FRANKLIN (Last) BLEVINS

4. DATE OF DEATH (Month) September (Day) 11 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Apr 16-1921 | 9. AGE last birthday 28 yrs. | If under 1 year Months 4 Days 25 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Edgewood Arsenal | 11. BIRTHPLACE (State or foreign country) Mary Jarrettsville | 12. CITIZEN OF WHAT COUNTRY [illegible]

13. FATHER'S NAME Cicero C Blevins | 14. MOTHER'S MAIDEN NAME Mazie Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-12-5842 | 17. INFORMANT Cicero C Blevins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage,	20 min
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	7 yrs.
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1942, to Sept 11, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 6:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 9/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Sept 13-49 | NAME OF CEMETERY OR CREMATORY Wm Walters | LOCATION (City, town, or county) Cooptown Harford (State) Md

DATE REC'D BY LOCAL REG. Sept. 13, 49 | REGISTRAR'S SIGNATURE Thomas R. Brown | 24. FUNERAL DIRECTOR Martha E Kurtz ADDRESS Jarrettsville Md

RECEIVED
OCT 6 1949
BUREAU V. S.

Evidence for change of birth date & age shown on:

FILM No. G 122 NOV 15 1949

08853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mack (Middle) C. C. (~~none~~) (Last) Bowman

4. DATE OF DEATH (Month) Sept. (Day) 3 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Sept. 4, 1949 (1864)
9. AGE last birthday 8 ~~4~~ 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Wm. S. Bowman
14. MOTHER'S MAIDEN NAME Mary Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Mr. Lonnie Bowman Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 Immediate cause (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 6:31 A.M., from the causes and on the date stated above.

SIGNATURE Charles A. Taft (Degree or title) M.D. ADDRESS DATE SIGNED Sept. 5, 1949

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF Sept 6, 1949
NAME OF CEMETERY OR CREMATORY Rock Run Cem
LOCATION (City, town, or county) Harford Co. Md. (State)

DATE REC'D BY LOCAL REG. Sept 5, 1949
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1949
BUREAU V. S.

Dr Neiff. Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08854

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville Rural
LENGTH OF STAY (in this place) 1 yeary
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Jessie (Jesse) (Middle) Grafton (Last) Bull

4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Apr 10/1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harford Co., Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Noah R Bull
14. MOTHER'S MAIDEN NAME Ann E Grafton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mattie V Gambrill Bull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 Immediate cause (a) Carcinoma of gall bladder — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Sept. 3, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 5 30 p m., from the causes and on the date stated above.

SIGNATURE Charles A. Neiff (Degree or title) MD. ADDRESS Street, Md DATE SIGNED 9-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 6/49
NAME OF CEMETERY OR CREMATORY Deer Creek Methodist
LOCATION (City, town, or county) Chestnut Hill Harford Co (State) Md

DATE REC'D BY LOCAL REG. 9/6/49
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08855

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 130 Bloomsbury

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Allen (Last) Christensen

4. DATE OF DEATH: (Month) September (Day) 20 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: June 22-1948 | 9. AGE last birthday: 5 yrs. | If under 1 year: Months — Days 29 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph T. Christensen
14. MOTHER'S MAIDEN NAME: Marion Gerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown?) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: Ralph T. Christensen (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Microcephaly	Life
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

758.2
157d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air, Md 9/20/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/21/49 | NAME OF CEMETERY OR CREMATORY Angel Hill | LOCATION (City, town, or county) (State) Havre de Grace Md.

DATE REC'D BY LOCAL REG. Sept. 20-49 | REGISTRAR'S SIGNATURE C. L. Lewis M. D.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace

RECEIVED
SEP 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08856

CERTIFICATE OF DEATH

Reg. Dist. No. 18s-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 356 Congress Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 356 Congress Ave

3. NAME OF DECEASED (Type or Print): (First) Jehu (Middle) Brown (Last) Churchman

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 23 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amassa Churchman

14. MOTHER'S MAIDEN NAME: Irene Churchman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-05-3917

17. INFORMANT: Miss Esther L. Churchman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 10 days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to ~~Sept 26~~ Sept 30 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul L. Dolan M.D. 49 Congress Havre de Grace Sept 30 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE Oct. 2 1949; NAME OF CEMETERY OR CREMATORY: Rose Bank; LOCATION (City, town, or county) Cecil Co.; (State) Md.

DATE REC'D BY LOCAL REG. Oct. 1-49; REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR: R. Madison Mitchell; ADDRESS Havre de Grace, Md.

RECEIVED
OCT 5 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08857

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wesley (Last) Collins
4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 5, 1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Crossing watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Collins
14. MOTHER'S MAIDEN NAME: Sarah Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 717-07-5673
17. INFORMANT: Idelba Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Ventricular fibrillation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarct — Terminal

61 (c) Coronary occlusion — Coronary arteriosclerosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1949, to 9/22, 1949, that I last saw the deceased alive on 8/27, 1949, and that death occurred at 10:40 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Aberdeen Md — DATE SIGNED: 9/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 24, 1949 — NAME OF CEMETERY ~~OR CREMATORY~~: Union M. E. — LOCATION (City, town, or county): Near Aberdeen (State): Md

DATE REC'D BY LOCAL REG.: Sept. 23-49 — REGISTRAR'S SIGNATURE: Nellie F. Riley — 24. FUNERAL DIRECTOR: Henry Tarring & Sons, Aberdeen, Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1989
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118858

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Curtis

4. DATE OF DEATH: (Month) September (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 2, 1881

9. AGE last birthday: 68 yrs. | If under 1 year: Months 7 Days 1 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Henry Curtis

14. MOTHER'S MAIDEN NAME: Mary Betty Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Louise Curtis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 434.3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Serofibrinous Pericarditis with Pericardial Effusion. — 90 d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 3, 1949, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. H. Richardt M.D. | ADDRESS Havre de Grace | DATE SIGNED Sept. 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 8th. | NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | LOCATION (City, town, or county) (State) Bryantown, Charles Co. Md.

DATE REC'D BY LOCAL REG. 9-7-49 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR AND ADDRESS Henry Tarring and Sons, Aberdeen, Md.

VS. A15

RECEIVED
SEP 14 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11859

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stout; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 1 Street Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street; STREET ADDRESS (If rural, give location) R.F.D. 1 Street, Md.

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) L (Last) DUNSEN

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 8, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Marks

14. MOTHER'S MAIDEN NAME: Jane —No record of last name

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Blanche D Dunsen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval Between Onset and Death: 12 hrs.

Antecedent cause(s)

027

30g

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tertiary syphilis. — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Sept 28, 1949, that I last saw the deceased alive on Sept 28 1949, and that death occurred at 4:35 P. m., from the causes and on the date stated above.

SIGNATURE: Charles A. Graff (Degree or title) M.D. ADDRESS: Street, Md. DATE SIGNED: Sept. 30 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct 2 1949 | NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cemetery | LOCATION (City, town, or county) (State): Rock's, Harford, Md

DATE REC'D BY LOCAL REG.: 9/30/49 | REGISTRAR'S SIGNATURE: Priscilla Forwood | 24. FUNERAL DIRECTOR: Elmer E Burdette | ADDRESS

RECEIVED
OCT 5 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08860

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 27 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Dona (Middle) Eileen (Last) Fogg
4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 1949
5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 19 Sept 49
9. AGE last birthday yrs. If under 1 year Months Days 27 hours If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havre de Grace md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Donald Fogg
14. MOTHER'S MAIDEN NAME Mary Gump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mary Fogg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 Immediate cause (a) Fetal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 27 hrs.

161a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 20 Sept., 1949, and that death occurred at 2 40 p. m., from the causes and on the date stated above.

SIGNATURE R B Norment (Degree or title) M. D. ADDRESS Havre de Grace Md DATE SIGNED 9.20.49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Sept. 21, 1949
NAME OF CEMETERY OR CREMATORY Silver Brook ~~Mount Carmel~~
LOCATION (City, town, or county) ~~Baltimore~~ Wilmington Delaware ~~(State)~~

DATE REC'D BY LOCAL REG. Sept. 20-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Ralph M Reed, ADDRESS Rising Sun, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118861

Reg. Dist. No. 183

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Oxford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozarile; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Oxford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozarile RD #1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Violetta (Middle) Elizabeth (Last) Harrison

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 25, 1858

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (State or foreign country): Oxford Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Solomon

14. MOTHER'S MAIDEN NAME: Mary Jane Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: J. Elmer Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 6 yrs

422.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1949, to Sept 23, 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Edward H. Hyson (Degree or title) M.D. ADDRESS: Fawn Grove, Pa DATE SIGNED: Sept 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Sept 27 1949 NAME OF CEMETERY OR CREMATORY: Fawn Grove Methodist LOCATION (City, town, or county) (State): Fawn Grove Pa

DATE REC'D BY LOCAL REG.: Sept 27, 49 REGISTRAR'S SIGNATURE: Thomas P. Brown

24. FUNERAL DIRECTOR: H. Howard Nett ADDRESS: Fawn Grove Pa

RECEIVED
OCT 6 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

08862

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and, OR give nearest town) TOWN Darlington Rural | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Darlington COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) Walter (Last) Nash

4. DATE OF DEATH: (Month) Sept. (Day) 5, (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married | 8. DATE OF BIRTH: April 2, 1894 | 9. AGE last birthday: 55 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: House work | 11. BIRTHPLACE (State or foreign country): North Carolina | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Nash | 14. MOTHER'S MAIDEN NAME: Cintria Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 213-12-2190 | 17. INFORMANT AND ADDRESS: Mrs. Pauline Nash

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) Cerebral Hemorrhage	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardiovascular disease	10 yrs.
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

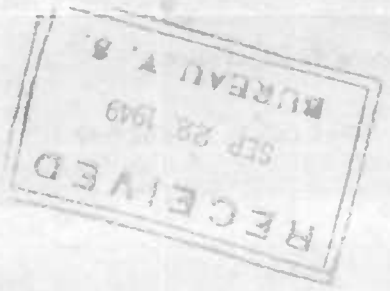
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1948, to Sept 5, 1949, that I last saw the deceased alive on Sept 5, 1949, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Dudley Phillips MD | Darlington Md | 9/5/49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial | DATE Sept 7 1949 | NAME OF CEMETERY OR CREMATORY Darlington Cem | LOCATION (City, town, or county) (State) Harford Co, Md.

DATE REC'D BY LOCAL REG. Sept 6, 1949 | REGISTRAR'S SIGNATURE C. H. Kirk | 24. FUNERAL DIRECTOR ADDRESS H.S. Bailey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SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018863

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: North Carolina — COUNTY: Alleghany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparta
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martin	A.	Higgins	Sept.	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Widowed	Oct. 10. 1861	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Higgins	Eveline Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs Clyde H Carico

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420,1 Immediate cause	(a) Mesenteric Thrombosis	14 hrs.
Antecedent cause(s)		
93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	?
	(c) Chronic Myocardial Disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Thrombosis	Apr. 1948

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1948, to Sept. 23, 1949, that I last saw the deceased alive on Sept. 22, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D.		Forest Hill, Md	9/23/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 25/49	Grace Creek	Ennice, N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/49	Priscilla Lowood	Joseph T Foster	Bel Air Md

VS. A15

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SEP 26 1949
BUREAU Y. S.

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08864

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) City Hospital ✓

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Johnson
4. DATE OF DEATH (Month) Sept. (Day) 5 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 4, 1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stephen Johnson
14. MOTHER'S MAIDEN NAME Emily Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT City Hospital, Balto., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
812.5 Immediate cause	(a) Fracture skull	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 170 C	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Joppa (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto struck him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer (Degree or title) M.D. Deputy Medical Examiner ADDRESS Bel Air, Md. Harford Co. DATE SIGNED 9/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 7, 1949
NAME OF CEMETERY OR CREMATORY County Home
LOCATION (City, town, or county) Bel Air Harford (State) Md

DATE REC'D BY LOCAL REG. Sept 7 1949
REGISTRAR'S SIGNATURE Marie M Monksdale
24. FUNERAL DIRECTOR Howard K. McCormack & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

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SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08865

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kalmia
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	P.	Kelly	Sept.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Mar. 21, 1860	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Harford Co., Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Micheal Kelly	Matilda Kearney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Andrew P. Kelly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocardial disease	May, 1947
422.1 Antecedent cause(s)		to
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Sept. 7, '49
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1949, to Sept., 1949, that I last saw the deceased alive on Aug. 31, 1949, and that death occurred at 2:30 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D	Forest Hill, Md	9/8/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/10/49	St. John's	Long Green, Balto. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/9/49	Priscilla Foxwood	Howard E. McComas & Son	Aberdeen Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08866

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY ~~(If outside corporate limits, write RURAL and~~ OR ~~give nearest town)~~ TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
~~CITY~~ ~~(If outside corporate limits, write RURAL and give nearest town)~~ OR TOWN Darlington, Md.
STREET ADDRESS (If rural, give location) Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	B.	McNutt	Sept.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hr.: Hours / Min.
Female	White	Widow	July 8, 1864	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework	at Home	Maryland Harford Co	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Mc Nutt	Rebecca Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	No	Mrs. Elsie Hopkins Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Pneumonia — 9 days
422.2
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b)
(c) Myocarditis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		~~Yes~~ ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1925, to Sept. 10, 1949, that I last saw the deceased alive on Sept. 10, 1949, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.E. Gallion	M.D.	Darlington	Sept. 10-49

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	Sept 13 1949	Darlington Cem	Harford Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 14, 1949	H.L. Bailey	H.L. Bailey	Darlington, Md.

Or Rick

VS. A15

RECEIVED
SEP 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08867

CERTIFICATE OF DEATH

Reg. Dist. No. 185

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

I

1. PLACE OF DEATH: COUNTY Harford; MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 52 Yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace. STREET ADDRESS (If rural, give location) 900 Ontario
3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Adelaide (Last) Myers	4. DATE OF DEATH: (Month) 9/9/49 (Day) (Year) 19
5. SEX: Female	6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH: 4/25/1897
9. AGE last birthday: 52 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Havre de Grace	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. J. Wilson (dec.)	14. MOTHER'S MAIDEN NAME: Carrie B. Hamby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Harry P. Myers, 900 Ontario St.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Hemorrhage	4 hrs
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	10 yrs
	(c) Hypertension.	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1949, to 9/9/, 1949, that I last saw the deceased alive on 9/9, 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles J Foley	Havre de Grace Md	9/10/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/12/49	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-11-49	G. L. Lewis M. D.	Pennington & Son, Havre de Grace

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08868

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen R.D. # 2
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen R.D.
STREET ADDRESS (If rural, give location): Carsins Run

3. NAME OF DECEASED (Type or Print): (First) VESTER (Middle) P (Last) PARISH

4. DATE OF DEATH: (Month) SEPT. (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1/28/1891

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scottville N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: F.L. Parish

14. MOTHER'S MAIDEN NAME: Cynthia Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 242-14-3153

17. INFORMANT: Mrs. Sarah Jane Parish

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 5, 1949, that I last saw the deceased alive on Sept 5, 1949, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE: J.H. Ramsey (Degree or title) M.D. ADDRESS: Aberdeen, Md. DATE SIGNED: Sept 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 8, 1949 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Fountain Green, Harford Md

DATE REC'D BY LOCAL REG.: 9-14-49 — REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Howard H. McComas & Son — ADDRESS: Aberdeen Md

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BUREAU V. S.

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08869

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVRE DE GRACE
LENGTH OF STAY (in this place) 2hrs. 25 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COWENTON
STREET ADDRESS (If rural give location) COWENTON AVE. ✓

3. NAME OF DECEASED (Type or Print) (First) ~~[illegible]~~ (Middle) Jacob Schaufele (Last) Schaufele

4. DATE OF DEATH (Month) September (Day) 20 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 8th 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Tailoring
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry
14. MOTHER'S MAIDEN NAME Anna Schade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Slick 614 Hollen Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Shock — 2hrs. 25 min.

170 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractures of cervical vertebra, left hip & ribs (5th, 6th & 7th left side).

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Edgewood (COUNTY) Harford Co. (STATE) Md
TIME OF INJURY (Month) Sept. (Day) 20 (Year) 1949 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Struck by automobile.

22. I hereby certify that I attended the deceased from 12:35 P.m. to 3:00 P.m. Sept 20, 1949, to ....., 19....., that I last saw the deceased alive on 20 Sept, 1949, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE E. H. Bisharat M.D. (Degree or title) ADDRESS Harford Memorial Hospital Havre de Grace Md DATE SIGNED Sept. 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 23rd 1949
NAME OF CEMETERY OR CREMATORY Balto Cem
LOCATION (City, town, or county) E. North Ave Ext (State)

DATE REC'D BY LOCAL REG. 9/22/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Leo G. Cook 1703 N Patt Park Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH PC

08870

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Harford Convalescent Home Harford County, Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Balto:City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place): 5 Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home	STREET ADDRESS (If rural give location): 1306 E.Federal Street

3. NAME OF DECEASED (Type or Print): (First) CHAS. (Middle) (Charles Siegfarth) (Last) SIEGFORTH

4. DATE OF DEATH: (Month) September (Day) 11 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	3-14-1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	School	Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Siegfarth	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		None	Mr.Edward F.Siegfarth,1306 E.Federal St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
177 Immediate cause	(a) Carcinoma of PROSTATE	3 yrs ?
Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis; chr myocardial disease ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
~~194~~		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug 15, 1949, to Sept 11, 1949, that I last saw the deceased alive on Sept 11, 1949, and that death occurred at 2100 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D		Forest Hill, Md	9/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-15-49	Holy Redeemer Cemetery	Belair Rd.,Balto:Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/49	A.W. Hedrick DM	George J.Ruth,Inc.1735 Harford Avenue,Balto. Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08871

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Taylor

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 8 1878

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Taylor

14. MOTHER'S MAIDEN NAME: Harriett Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mr. Leroy Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Pulmonary Oedema — Interval between onset and death: 1 Day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia Left side — Malignant Hypertension — 6 months

93d (c) Cerebral Hemorrhage — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 10 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 40, to Sept 19, 19 49, that I last saw the deceased alive on Sept 19, 19 49, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
John Walbert M.D. | Havre de Grace Md | Sept 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 21 49 | NAME OF CEMETERY OR CREMATORY: Grace Hill | LOCATION (City, town, or county) (State): Harford Co.

DATE REC'D BY LOCAL REG.: Sept. 21-49 | REGISTRAR'S SIGNATURE: Millie E. Riley | 24. FUNERAL DIRECTOR: H. Madison Mitchell | ADDRESS: Havre de Grace Md.

RECEIVED
SEP 26 1949
BUREAU V. S.

08872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural give location) 22 DEFENSE DRIVE

3. NAME OF DECEASED (Type or Print) (First) WALTON (Middle) M (Last) WEBB
4. DATE OF DEATH (Month) (Day) (Year) September 9, 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC. 10, 1899
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Mgr. Western Md Dairy
10b. KIND OF BUSINESS OR INDUSTRY Milk Ind.
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William WEBB
14. MOTHER'S MAIDEN NAME JESSE McELWAIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) War I
16. SOCIAL SECURITY No. 166-12-4082
17. INFORMANT Mrs Walton M. Webb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema	24 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Myocardial Infarct	60 hr.
94a	(c)	Coronary Occlusion	60 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1949, to 9/9, 1949, that I last saw the deceased alive on 9/9/49, 19....., and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE Peter P. Rodman (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED 9/9/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Sept. 12, 1949
NAME OF CEMETERY OR ~~CREMATORY~~ Fawn Grove M.E.
LOCATION (City, town, or county) (State) Fawn Grove, York Co. Penna.
DATE REC'D BY LOCAL REG. Sept 9, 1949
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Farring and Sons, ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8873

Reg. Dist. No. 180

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John Henry (Middle) (Last) Welzenbach

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 11/3/1881

9. AGE last birthday 68 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Casper Welzenbach

14. MOTHER'S MAIDEN NAME Katherine Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) uhknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT Phillip Welzenbach, Edgewood, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: half hour

938 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Selerotic Heart disease with Hypertension and auricular fibrillation — 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1945, to Sept, 1949, that I last saw the deceased alive on Sept 9, 1949, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ted O Hodson, M.D. Edgewood Md. 9-10-49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 9/12/49

NAME OF CEMETERY OR CREMATORY Trinity Lutheran

LOCATION (City, town, or county) (State) Joppa, Harford, Md.

DATE REC'D BY LOCAL REG. Sept 12, 1949

REGISTRAR'S SIGNATURE Mame M. Monkedal

24. FUNERAL DIRECTOR ADDRESS Howard C. McComas Son, Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 14 1949
BUREAU V. S.